AUTHORS
Boyle, Todd A.
Mahaffey, Thomas
MacKinnon, Neil J.
Deal, Heidi
Hallstrom, Lars
Morgan, Holly

DETERMINANTS OF MEDICATION INCIDENT REPORTING, RECOVERY, AND LEARNING IN COMMUNITY PHARMACIES: A CONCEPTUAL MODEL

ABSTRACT

Background: Evidence suggests that the underreporting of medication errors and near misses, collectively referred to as medication incidents (M Is), in the community pharmacy setting, is high. Despite the obvious negative implications, MIs present opportunities for pharmacy staff and regulatory authorities to learn from these mistakes and take steps to reduce the likelihood that they reoccur. However, these activities can only take place if such errors are reported and openly discussed.

Objectives: This research proposes a model of factors influencing the reporting, service recovery, and organizational learning resulting from MIs within Canadian community pharmacies.

Methods: The conceptual model is based on a synthesis of the literature and findings from a pilot study conducted among pharmacy management, pharmacists, and pharmacy technicians from 13 community pharmacies in Nova Scotia, Canada. The purpose of the pilot study was to identify various actions that should be taken to improve MI reporting and included staff perceptions of the strengths and weaknesses of their current MI-reporting process, desired characteristics of a new process, and broader external and internal activities that would likely improve reporting. Out of the 109 surveys sent, 72 usable surveys were returned (66.1% response rate). Multivariate analysis of variance found no significant differences among staff type in their

perceptions of the current or new desired system but were found for broader initiatives to improve MI reporting. These findings were used for a proposed structural equation model (SEM).

Results: The SEM proposes that individual-perceived self-efficacy, MI process capability, MI process support, organizational culture, management support, and regulatory authority all influence the completeness of MI reporting, which, in turn, influences MI service recovery and learning.

Conclusions: This model may eventually be used to enable pharmacy managers to make better decisions. By identifying risk factors that contribute to low MI reporting, recovery, and learning, it will be possible for regulators to focus their efforts on high-risk sectors and begin to undertake preventative educational interventions rather than relying solely on remedial activities. (C) 2011 Elsevier Inc. All rights reserved.

Web Of Science Times Cited	Journal Citation Indicator
19	**1.20**